

29th Annual WAWCB Conference Registration Form

June 3-6, 2001 • Bahia Resort Hotel, San Diego, CA

Registration Form

	<u>Registration</u> (by May 1, 2001)	<u>Registration</u> (after May 1, 2001)	
WAWCB Member	\$375	\$425	\$ _____
WAWCB Non-member*	\$400	\$450	\$ _____
Companion	\$200	\$225	\$ _____
Golf Tournament (Sunday, June 3)	\$75	\$85	\$ _____
Tennis Tournament (June 3)	\$10	\$15	\$ _____
			Total Enclosed \$ _____

Exhibit space available (\$895 per booth). Parties interested in exhibiting should contact Bob Collyer, WAWCB Secretary-Treasurer, at 909-383-4522 for more information.

Name: _____

Company/Organization: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Companion Name: _____

*Non-member registration fee includes a one-year membership in the WAWCB (value of \$100). **Please use one form per registrant. Mail form with check made payable to: "WAWCB" (Western Association of Workers' Compensation Boards) c/o Bob Collyer, Secretary-Treasurer, P.O. Box 11697, Daytona Beach, Florida 32120.** For conference information call Bob Wong at 415-703-4676. For hotel information and reservations contact the Bahia Hotel Resort at 619-539-7720.

Individuals attending the conference who may need auxiliary aids or specialized services, are requested to provide notice of their needs when registering so that appropriate arrangements can be made. (Arrangements should be requested no later than 20 days before the conference.)

WAWCB is a non-profit organization.
 FEIN No. 94-3160882



CONTINUING EDUCATION UNITS:
CEU applications are pending for approval before these organizations:

- ☐ MCLE ☐ IMC ☐ BRN
☐ LEGAL SPECIALIZATION